**Performance**

**Report**

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| Name: | Home Care Nursing |
| Commission ID: | 201371 |
| Address: | 92 Masonite Rd, TOMAGO, New South Wales, 2322 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 1 October 2024 to 2 October 2024 |
| Performance report date: | 2 December 2024 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 3270 Hunter Healthcare Group Pty Ltd  
Service: 26882 Hunter Healthcare Group Pty Ltd

**This performance report**

This performance report has been prepared by M.Wyborn, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the services it operates, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at service outlets, review of documents and interviews with staff, consumers/representatives and others, and
* the provider’s response to the assessment team’s report received 11 November 2024.

# Assessment summary for Home Care Packages (HCP)

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements were assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements were assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements were assessed** |
| **Standard 8** Organisational governance | **Not Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

**Requirement 8(3)(a)** Implement effective systems to advise consumers of support/engagement methods in the development, delivery and evaluation of care and services.

**Requirement 8(3)(b)** Ensure the organisational governing body promotes and demonstrates accountability of a culture of safe, inclusive, quality care and services.

**Requirement 8(3)(c)** Ensure effective organisational wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

**Requirement 8(3)(d)** Ensure effective risk management practices and systems to manage high impact and high prevalence risks associated with consumer care in supporting them to live their best life. Ensure the organisation’s risk management and incident management systems are effectively implemented.

**Requirement 8(3)(e)** Ensure an appropriate clinical governance framework, referencing antimicrobial stewardship, minimising the use of restraint, and open disclosure.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |

Findings

The service demonstrated that assessment and planning routinely considers risks to individual consumers and informs safe delivery of care. Registered nursing staff appropriately use information provided by consumers and representatives at their initial home visit assessment to develop a comprehensive care plan for them. Consumer documentation highlighted that consumer service plans and goals effectively directs care plans which are reviewed biannually by registered nursing staff for consumers with home care packages (HCP) levels 1 and 2; and 3 monthly for consumers with HCP plans levels 3, 4 or when circumstances change. Consumer documentation also highlighted that the service maintains effective oversight of intervention strategies to manage and mitigate risk to consumers. Registered nursing staff and support workers demonstrated how they routinely access information and provide appropriate care for consumers, and consumers and representatives provided positive feedback about the assessment and planning processes and reinforced that the service ensures that information gathered at their initial visit and regular assessments appropriately informs their care.

With these considerations, I find the service compliant in Requirement 2(3)(a).

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |

Findings

The service demonstrated that consumers routinely receive personal and clinical care that is safe and effective. Registered nursing staff demonstrated how they routinely provide consumers with appropriate clinical care and support, and demonstrated that the clinical care provided is based on best practice and tailored to individual consumer needs. Support workers demonstrated provision of personal care that is tailored to individual consumer needs, and demonstrated experience and knowledge of how they consistently ensure personal care is delivered safely and is tailored around individual consumer needs and preferences. Consumers and representatives provided positive feedback and highlighted that their personal care and clinical care services are safe and in line with their needs.

With these considerations, I find the service compliant in Requirement 3(3)(a).

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and representatives advised that staff know what they are doing, and expressed their satisfaction with the care they receive. The organisation demonstrated that staff are recruited as needed and that new staff are provided appropriate induction and onboarding. These induction and onboarding processes include the Aged Care Code of Conduct, as well as a suite of onboarding documents, compulsory online training modules, and arranging buddy shifts with permanent staff members. The service employs an educator and the service is developing systems to monitor staff training attendance and topic development. The service’s training process also includes oversight of staff revision of policies with a read and acknowledge attachment. The service’s compulsory modules include Aged Care Quality Standards, fire and safety in residential aged care, minimising restrictive practices in aged care, bullying and harassment, work health and safety, serious incident response scheme, infection prevention and control and open disclosure. Staff confirmed they have participated in relevant training provided at the service.

With these considerations, I find the service compliant in Requirement 7(3)(d).

The service demonstrated an effective process where the educator assesses and reviews the performance of each member of the workforce on an annual basis. The educator maintains a register of staff performance review dates and management demonstrated effective monitoring of staff performance via mechanisms such as feedback from consumers and representatives or from the registered nursing staff. The educator reviews staff performance by attending a consumer’s service with staff and the organisation demonstrated up to date records related to staff performance reviews.

With these considerations, I find the service compliant in Requirement 7(3)(e).

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Not Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Not Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Not Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Not Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Not Compliant |

Findings

The service was unable to demonstrate that consumers and representatives are routinely engaged in the delivery and evaluation of care and services. The organisation has relayed information regarding the Consumer Advisory Board (CAB) to consumers, however, the organisation did not include representatives in this communication. The organisation demonstrated that consumer surveys are used to engage consumers, however, the organisation was unable to demonstrate effective analysis of this information nor organisational oversight of consumer survey responses to the survey. The organisation’s Board was unable to demonstrate oversight of consumer engagement.

Senior management demonstrated that the organisation promotes a culture of inclusive and quality care and services, however, this is only at service level where registered nursing staff promote safe and effective care and services. The organisation’s governing body Board meeting minutes did not demonstrate how the governing body promotes a culture of safe inclusive quality care and services. The organisation’s policies do not reflect the processes for the organisation to demonstrate how they promote a culture of safe, effective and inclusive care and services. The Board’s commitment to a culture of safe, inclusive and quality care is not effectively captured in the organisation’s policies and procedures.

The organisation was unable to demonstrate effective organisation-wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, complaints and feedback or regulatory compliance. The reporting processes from the service to senior management is informal which results in the Board not receiving timely and accurate data. There has been one Board meeting held since the organisation formed and the minutes contained limited information. The organisation recently transitioned from a paper-based approach to a new care IT program which includes electronic care records and support workers access relevant consumer information via a mobile phone application. There are staff however, who do not use the mobile phone application rather continue to write a paper entry when at a consumer’s home and upload a picture of these notes at a later time. Consumer consent and privacy of information had not been considered in relation to this process.

The organisation demonstrated a continuous improvement plan (CIP) however, was unable to demonstrate that improvement actions are effectively identified, discussed, investigated and managed. Financial governance is the responsibility of directors and Board member. The home care manager is responsible for overseeing consumers’ HCP spending and reporting to the director, and the directors and the Board were unable to demonstrate visibility of a high amount of unspent consumer funds for consumers engaged at the service. Senior management were not aware and do not routinely review the aged care register of banning orders and this is not part of the organisation’s recruitment process. The service is capturing written complaints in their feedback and complaints system.

The organisation was unable to demonstrate a formal risk management system or a formalised governance approach to risk management/risk tolerance. The service was unable to demonstrate a formal organisational process for risk rating incidents or risks associated with care of individual consumers. The organisation has commenced developing a risk governance system, however, time is required to support ongoing development, implementation and to embed the systems at the service, organisational and Board levels.

The organisation was unable to demonstrate an effective clinical governance framework. There is no formal process for the service to collect, analyse and report clinical data to the Board for oversight. The registered nursing staff meet regularly at the service, however, do not analyse clinical data or provide reports to the care manager or director/s. The organisation demonstrated relevant policies that cover complaints and open disclosure, however whist the organisation is aware of antimicrobial stewardship, the organisation was unable to demonstrate effective monitoring of antibiotic use by consumers as they do not provide medication administration.

In their response to the Assessment Contact Report, the Provider supplied their governance manual dated 10 October 2024, their plan for continuous improvement updated 11 November 2024, their complaints register, incident register along with their October 2024 incidents, incident form education and incident report form. The Provider also supplied their spreadsheets for consumer feedback and staff appraisals, supplied examples of their national criminal checks and supplied their consumer advisory committee terms and agenda, their quality care advisory committee terms and agenda, staff meeting minutes from 7 November 2024 and their report to the Board agenda. The organisation’s continuous improvement actions work towards compliance against the Aged Care Quality Standards, however, will require time to implement, embed and evaluate. As such, at this time, I provide greater weight to the Assessment Team’s information in relation to compliance related to organisational governance. Therefore, I find the service non-compliant in Requirements 8(3)(a), 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e).

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)